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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031  
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## TRANSMITTAL FORM

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Total Number of Pages in This Submission

2

Application Number

10/734,330

Filing Date

12/11/2003

First Named Inventor

Anthony K. Hedley

Art Unit

3731

Examiner Name

Baxter, Jessica R.

Attorney Docket Number

OR-002

### ENCLOSURES (Check all that apply)

☐

Fee Transmittal Form

☐

Fee Attached

☐

Amendment/Reply

☐

After Final

☐

Affidavits/declaration(s)

☐

Extension of Time Request

☐

Express Abandonment Request

☐

Information Disclosure Statement

☐

Certified Copy of Priority Document(s)

☐

Reply to Missing Parts/  
Incomplete Application

☐

Reply to Missing Parts  
under 37 CFR 1.52 or 1.53

☐

Drawing(s)

☐

Licensing-related Papers

☐

Petition

☐

Petition to Convert to a  
Provisional Application

☒

Power of Attorney, Revocation  
Change of Correspondence Address

☐

Terminal Disclaimer

☐

Request for Refund

☐

CD, Number of CD(s) \_\_\_\_\_

☐ Landscape Table on CD

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After Allowance Communication to TC

☐

Appeal Communication to Board  
of Appeals and Interferences

☐

Appeal Communication to TC  
(Appeal Notice, Brief, Reply Brief)

☐

Proprietary Information

☐

Status Letter

☐

Other Enclosure(s) (please identify  
below):

1. Return Receipt Postcard.

Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Silicon Edge Law Group LLP, Arthur J. Behiel, Patent Attorney

Signature

Printed name

Arthur J. Behiel

Date

Feb. 27, 2007

Reg. No.

39,603

### CERTIFICATE OF TRANSMISSION/MAILING

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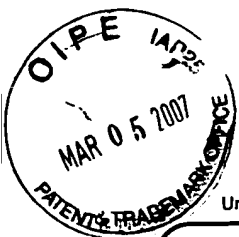
Laurie Moreno

Date

2/27/07

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PTO/SB/83 (01-06)

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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/734,330
Filing Date	12/11/2003
First Named Inventor	Anthony K. Hedley
Art Unit	3731
Examiner Name	Baxter, Jessica R.
Attorney Docket Number	OR-002

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: This client has failed to pay for an unreasonable period of time.

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1. ☐ The correspondence address is NOT affected by this withdrawal.
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<input checked="" type="checkbox"/> Firm or Individual Name	Henry Fletcher		
Address	4952 Windplay Drive, Suite C.		
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Signature			
Name	Arthur J. Behiel	Registration No.	39,603
Date	Feb 27, 2007	Telephone No.	925-621-2113

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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